

REMARKS

The Office Action of 12/18/02 has been carefully reviewed and the foregoing amendment has been made in response thereto, thereby defining the present invention more clearly and distinguishing it more positively from the prior art. For these reasons and those set forth in detail below, favorable reconsideration and early allowance of the claims are courteously requested.

The specification is amended to correct typographical errors. Substitute pages () are included herein. No new matter has been added to the specification by the amendments filed herewith.

The Abstract is objected to because of undue length. The Abstract is amended herein to agree with form requirements and is submitted on a substitute page () filed herewith.

Claims 1, 18, 20, 23 and 24 are cancelled herein. Claims 2-5, 7-10, 12, 13, 19 and 21 are amended herein. New claims 25-34 are added herein. Claims 2- 17, 19, 21, 22 and 25-34 remain pending. Applicant representative is appreciative of the thorough search and clear and concise Office Action response.

Claims 1, 5, 7, 8, 14-16, 19-20, 22 and 23 are rejected under 35 U.S.C. §102 (b) as being anticipated by Anderson 4197842. With respect to claims 1, 20 and 23, these claims are cancelled herein. Claims 5, 7, 8, 19 and 22 are amended herein to overcome the rejection. With respect to claims 14-16, the rejection is hereby traversed.

In the comments in paragraph 5 of the Office action of 12/18/02, the Examiner alleges that; "the medical kit of Anderson is fully capable for use in response to a heart attack and a stroke," and further that, "the kit is fully capable of using a medication prescribed for a particular user by a physician and wherein the user has a known susceptibility to one of a heart attack and a stroke, is fully capable of assisting in preventing thrombosis, including arteriolar relaxation, establishing a cardiac rhythm,

assisting in diminishing oxygen demand where the oxygen supply is prescribed by a physician.”

Applicant respectfully disagrees. Applicant’s amended claims 5, 7 and 8 set out the specific limitation of; a breathable oxygen delivery system and a medication for use in response to symptoms of an attack of a vascular disease. Although the Anderson kit includes a supply of breathable oxygen, Anderson does not teach the use of a medication to be combined with breathable oxygen for treating a heart attack, stroke or any other vascular disease symptom as set out in claims 5, 7 and 8.

Applicants claims 14 - 16 include the specific limitations of: a breathable oxygen delivery system and a medication for one of; assisting in preventing thrombosis; assisting in inducing arteriolar relaxation; assisting in establishing a cardiac rhythm; and, assisting in diminishing oxygen demand. Although the Anderson kit includes a supply of breathable oxygen, Anderson does not teach the use of a medication to be combined with breathable oxygen for assisting in preventing thrombosis; assisting in inducing arteriolar relaxation; assisting in establishing a cardiac rhythm; and, assisting in diminishing oxygen demand as set out in claims 14 -16.

Applicants’ amended claims 19 and 22 are amended to limit the claims to treating vascular disease and to assisting in preventing thrombosis; assisting in inducing arteriolar relaxation; assisting in establishing a cardiac rhythm; and, assisting in diminishing oxygen demand. Again these limitations are not taught by Anderson.

The Examiner is reminded that; “A claim is anticipated only if each and every element as set forth in the claim is found, either expressly or inherently described, in a single reference.” *Verdgaal Bros. v Inion Oil Co. of California*, 814 F.2d 628, 631, 2 USPQ2d 1051, 1053 (Fed. Cir. 1987)

With respect to Andersons’ teaching or even suggesting treatment of a vascular disease, Anderson expressly states, (Col. 3, lines 1-5); “A fraction of a second after the oxygen is released to the nebulizer, a magnetic field created by magnet 33 activates the

sealed reed switch 32 which in turn starts the operation of the blower 11 to push the medicinal mist to the patient's airways." Based on this teaching it would appear that the purpose of the device described by Anderson is to push medicinal mist to the patient's airways for the purpose of alleviating symptoms of the respiratory diseases cited by Anderson, namely, Pulmonary Emphysema, Asthma and Bronchitis. This is completely unrelated to the limitations set out in Applicants claims.

With respect to Anderson teaching of a breathable oxygen supply, Applicant has admitted that inadequate oxygenation in heart attack and stroke victims is a leading cause of death and that it is well known that inadequate oxygenation can be relieved by administration of breathable oxygen. (Page 1, lines 30 – 33.) Delivery of breathable oxygen to any person having a disease causing inadequate oxygenation is admittedly not new in the art.

Applicant hereby clarifies that a heart attack or a stroke are each considered examples of an attack of a vascular disease and that the phrase "vascular disease," as used herein, may include any obstruction of blood circulation resulting from a disease or a trauma which may result in an ischemic event, (i.e. depravation of oxygen delivered by blood) that may cause infarction. Applicant's specification is clear that the purpose and use of the medical kit of the present invention is to treat symptoms of possible attacks from a vascular disease and especially heart attack and stroke. Applicant's specification states that the claimed medical kit may be used to treat, (Page 16, line 24); "heart attack, stroke, arterial trauma or any other attack of an illness that may be alleviated by breathable oxygen and medication in combination." Anderson never even mentions a vascular disease, a heart attack, a stroke or any other arterial condition and certainly never mentions providing medications specifically for assisting in preventing thrombosis; assisting in inducing arteriolar relaxation; assisting in establishing a cardiac rhythm; and, assisting in diminishing oxygen demand, as set out in Applicants claims.

Anderson does not expressly describe any medication specifically. However, Anderson does expressly state (Abstract, line 1): “The invention provides a pulmonary respirator used in the treatment of such diseases as Pulmonary Emphysema, Asthma, Bronchitis and other respiratory diseases in addition to supplying emergency pure oxygen to the heart and airways of the patient.” (Emphasis added). It is therefore submitted that Anderson does not expressly or inherently describe; a medication for use in response to symptoms of an attack of a vascular disease or a medication for one of; assisting in preventing thrombosis; assisting in inducing arterial relaxation; assisting in establishing a cardiac rhythm; and, assisting in diminishing oxygen demand, as set forth in claims 5, 7, 8, 14-16, 19 and 22.

Accordingly, it is hereby respectfully requested that the rejection of claims 5, 7, 8, 14-16, 19 and 22 under 35 U.S.C. §102 (b) as being anticipated by Anderson be reconsidered and withdrawn in view of the comments above.

Claims 2-4, 13, 17 and 18 are rejected under 35 U.S.C. 103(a) as being unpatentable over Anderson. With respect to claim 2-4 the rejection is hereby traversed. Claims 13 and 17 are amended to overcome the rejection and claim 18 is canceled.

For the reasons stated above, it is respectfully submitted that the elements set out in amended claim 7 are not taught or suggested by Anderson. Claims 2-4 are amended herein to depend from amended claim 7, and as such include additional limitations that even further distinguish over Anderson. The Examiner is reminded that: “To establish *prima facie* obviousness of a claimed invention all the claim limitations must be taught or suggested by the prior art.” *In re Royka*, 490 F.2d 891, 180 USPQ 580 (CCPA 1974).

All of the elements as set forth in claims 2-4 are not taught or suggested by Anderson. Anderson does not expressly describe any of the characteristics of the oxygen tank except to define, (Col., line 63) “an oxygen bottle 10 capable of holding 396 liters of pure oxygen at 2015 P.S.I. Applicants respectfully submit that the teaching of an oxygen bottle for providing breathable oxygen by Anderson does not suggest any of the features

as set forth in claims 2-4. The Examiner states that the type of oxygen tank is a mere design choice and that any oxygen tank would perform equally well. The Examiner further alleges that the Applicant has not disclosed that the specific oxygen tank solves any stated problems or is not for any purpose. Applicant respectfully disagrees. The tank as set out in claims 2-4 provides a reduced weight tank that enhances the portability of the tank and the entire emergency medical kit. In Iida et al. (US6190481), which is incorporated into Applicants specification by reference, examples of the pressure vessel and manufacturing process according to the present invention are taught for use in automotive vehicles. Iida, (Col. 1), teaches that conventional steel and aluminum alloy pressure vessels are heavy and shorten the drivable distance of motor vehicles per unit weight of fuel supplied to the motor vehicle. The Iida teachings provide; “a pressure vessel excellent in maintaining its internal pressure, excellent in reliability, and light in weight that can be produced at a low cost;” (Col. 2, lines 45-50).

The Examiner is reminded that: “The teaching or suggestion to make the claimed combination and the reasonable expectation of success must both be found in the prior art, not in applicant’s disclosure.” *In re Vaeck*, 947 F.2d 488, 20 USPQ2d 1438 (Fed. Cir. 1991) Although Anderson claims to provide; “a lightweight respirator, easily carried by a patient and having the appearance of a small piece of luggage,” (ABSTRACT), the Anderson respirator includes, batteries, an AC power supply, a blower, switching electronics, a patient valve assembly and the suitcase itself. Applicant submits that at least based on the number of elements that the Anderson kit is heavier than the emergency medical kit set out in amended claims 2-4. Notwithstanding the fact that Anderson does not suggest any desirability to reduce weight or size, there is absolutely no teaching or suggestion by Anderson to provide an oxygen tank formed by a composite material over wrapped onto a gas impermeable inner vessel.

Amended claim 13 includes the specific limitations of: An emergency medical kit, comprising a breathable oxygen delivery system and a medication for use in response to

symptoms of an attack of a vascular disease as soon as the symptoms occur. Amended claim 17 includes the specific limitations of: a medication for one of assisting in preventing thrombosis; assisting in inducing arteriolar relaxation; assisting in establishing a cardiac rhythm and assisting in diminishing oxygen demand. As pointed out above, these elements are not taught by Anderson. Moreover, there is no suggestion by Anderson to provide a medication for use in response to symptoms of an attack of a vascular disease or to provide a medication for one of assisting in preventing thrombosis; assisting in inducing arteriolar relaxation; assisting in establishing a cardiac rhythm and assisting in diminishing oxygen demand. Accordingly, it is respectfully submitted that the amendments to claims 13 and 17 overcome the rejection in view of Anderson. In addition claims 13 and 17 include the further limitation of an oxygen storage tank having at least a 50 cubic inch internal storage capacity, an oxygen storage operating pressure range of between 100 and 4000 PSI and an empty weight of less than 5.0 pounds. The Examiner admits that Anderson fails to specifically teach this limitation. However, as stated above, Anderson also fails to suggest any desirability to reduce the weight or the size of the oxygen tank. The Examiner is reminded that:

“The teaching or suggestion to make the claimed combination and the reasonable expectation of success must both be found in the prior art, not in applicant’s disclosure.”
In re Vaack, 947 F.2d 488, 20 USPQ2d 1438 (Fed. Cir. 1991)

Applicant respectfully submits that Anderson alone does not suggest or motivate one of ordinary skill to look for an oxygen tank or bottle having the features set out in amended claims 13 and 17. Anderson merely states that an oxygen bottle with a capacity of 396 liter and pressure of 2015 PSI is provided but completely silent about the construction weight or general characteristics of the oxygen tank. Accordingly, Anderson alone does not offer one of ordinary skill any reasonable expectation that an oxygen tank as set out in Applicants’ claims could be used successfully in a portable medical kit.

Applicant respectfully submits that the very first teaching of such a combination is not found in the prior art but in Applicant disclosure.

Accordingly, it is hereby respectfully requested that the rejection of claims 2-4, 13 and 17 under 35 U.S.C. 103(a) as being unpatentable over Anderson be reconsidered and withdrawn in view of the comments above.

Claim 6 is rejected under 35 U.S.C. 103(a) as being unpatentable over Anderson in view of Lowell et al. 6292687. Claim 6 is amended herein to overcome the rejection. Amended claim 6 includes all of the limitations of amended claims 5 and 7 and sets out a portable oxygen delivery system and a medication for use in response to symptoms of an attack of a vascular disease and a portable container for housing and carrying the breathable oxygen delivery system and the medication as well as a wireless communication device or loud noise-making device. Applicant respectfully submits that neither Anderson alone or Lowell et al. alone or that Anderson and Lowell in combination teach or suggest each of the limitation of amended claim 6. Accordingly, it is hereby respectfully requested that the rejection of claim 6 under 35 U.S.C. 103(a) as being unpatentable over Anderson in view of Lowell be reconsidered and withdrawn.

Claims 9-12, 21 and 24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Anderson in view of Isaacs et al. 6462050, in further view of Spada et al. 5561134, in further view of Duhaylongsod 6141589. Applicant respectfully traverses the rejection of claims 9 - 12. Claim 21 is amended to overcome the rejection and claim 24 is cancelled.

Claim 9 is amended to include the limitations of cancelled claim 1 and sets out: An emergency medical kit, comprising a breathable oxygen delivery system and one of an anticoagulant, an antiarrhythmic agent and a cardioprotective agent for use in response to symptoms of a particular serious illness as soon as the symptoms occur. The Examiner states that Anderson fails to specifically teach any of the medications set out in amended claim 9 but points to Spada et al. for a teaching of cardioprotective beta blockers and

ACE inhibitors for reducing ischemic injury; Isaacs et al. for a teaching of an anticoagulant agent comprising heparin for inhibiting thrombins; and Duhaylonsod for its teaching of an antiarrhythmic agent comprising magnesium for controlling the heart.

The Examiner is reminded that: “The mere fact that references can be combined or modified does not render the resultant combination obvious unless the prior art also suggests the desirability of the combination. *In re Millis*, 916 F.2d 680, 16 USPQ2d 1430 (Fed. Cir. 1990)

As pointed out above, Anderson fails to teach or suggest a medical kit that includes breathable oxygen in combination with medications for treating vascular disease, heart attack or stroke. Specifically, the only teaching or suggestion made by Anderson relating to medication is to deliver a medicinal mist to the airways using a nebulizer for treating respiratory diseases such as Pulmonary Emphysema, Asthma and Bronchitis. There is absolutely no teaching, suggestion or even a suggested desirability provided by Anderson to combine an anticoagulant, an antiarrhythmic agent or a cardioprotective agent with oxygen in an emergency medical kit as set out in amended claims 9 - 12 and 21. Moreover, there is no reason for Anderson to suggest the desirability of such a combination because Anderson is addressing completely different diseases.

With regard to Isaacs et al. 6462050, Spada et al. 5561134 and Duhaylonsod 6141589, not a single one of these references teaches or suggests a treatment that combines the medications taught therein with oxygen. Moreover, not a single one of the cited references teach or suggest delivering the medications taught therein as soon as symptoms occur, as set out in amended claims 9 - 12. Furthermore, not a single one of the cited references teach or suggest; establishing a risk that a patient may suffer an unexpected attack of the vascular disease; predetermining a treatment for prolonging the patients' life and reducing a risk of permanent tissue damage to the patient in the event that the attack occurs; providing the patient with a portable emergency medical kit for carrying out the treatment upon the onset of the symptoms before the patient can be

treated by a medical professional, said portable emergency medical kit including a supply of breathable oxygen; and, teaching the patient how to recognize the symptoms of the serious attack and how to carry out the treatment upon the onset of the symptoms, as set out in claim 22.

Specifically Isaac et al. teaches, (Col. 1, line 44, lines 65 – 67 and top of Col.2.), the thrombin inhibiting compounds have therapeutic value for preventing coronary artery disease when added to the blood or blood products. Moreover, Isaacs et al., (Col. 6, lines 7 – 20), provides an extensive list of forms of the compounds and an extensive list of ways of administering the compounds taught therein. Although the forms and ways of administering the thrombin inhibiting compounds appears to be an attempt by Isaac et al. to list every practical combination of compound form and administration, Isaac et al. noticeably fail to suggest or suggest any desirability for administering the compounds into the airways via a nebulizer as is taught by Anderson. Accordingly, Isaac et al. fails to suggest or to suggest desirability to combine the compounds taught therein with a supply of breathable oxygen in an emergency medical kit and there is absolutely no suggestion to use the compounds described therein in combination with the device taught by Anderson which delivers a medicinal mist to the airways through a nebulizer.

Spata et al. teach compounds for reducing and preventing Ischemic Injury and states; (Col. 3, lines 10 – 13), “Myocardial ischemia is a result of an imbalance of myocardial oxygen supply and demand and includes exertional and vasoplastic myocardial dysfunction.” And further states, (Col. 3, lines 33 – 36); “The net effect of therapies on the ischemic problem involves a complex interaction of opposing factors which determine the oxygen supply and demand.” . Yet Spata et al. fails to suggest or to suggest any desirability for providing an emergency medical kit combining the administration of the compounds taught therein with breathable oxygen for use as soon as symptoms occur, as set in amended claims 9 - 12; or to provide an emergency medical kit with breathable oxygen and a supply of the compounds taught therein as part of a

predetermined treatment for prolonging the patients' life and reducing a risk of permanent tissue damage to the patient in the event that the patient has a serious unexpected attack of a vascular disease, as set out in amended claim 21.

Duhaylongsod teaches methods for providing a surgical procedure and use of various compounds during cardiac, neuro and vascular surgery which require precise control of cardiac contraction. Specifically, Duhaylongsod teaches, (ABSTRACT and Col. 5, lines 39 – 46), the introduction of a beta-blocker in an amount sufficient to substantially reduce the amount of an AV node blocker required to induce ventricular asystole in the patient so that the heart may be electrically paced during coronary bypass surgery. Moreover, the AV node blocker and the beta-blocker are administered by a single bolus injection in the right or left coronary artery, (Col. 6, lines 35-40), and by a coronary sinus delivery catheter 30, (Col. 25, lines 36-40 and Figs. 2 and 3). Applicant respectfully submits that this is hardly the type of treatment that would be appropriate for self administration immediately upon the onset of symptoms of a vascular disease such as a heart attack or stroke as set out in claims 9-12.

In paragraph 17 of the Office Action the Examiner alleges that Duhaylongsod teaches a common antiarrhythmic agent medication comprising magnesium for controlling the heart. Applicant respectfully submits that Duhaylongsod refers to a teaching that magnesium has been used as a cardioplegic agent for stopping the heart during surgery. Again, Applicants respectfully submit that this is hardly the type of treatment that would be appropriate for self administration immediately upon the onset of symptoms of a heart attack or stroke or any other serious illness and that the teaching hardly suggests or suggests any desirability for administering any of the compounds taught by Duhaylongsod during an emergency situation because Duhaylongsod basically teaches techniques for stopping the heart from beating during surgery. Moreover, Duhaylongsod provides no suggestion or suggested desirability to combine the compounds taught therein with oxygen or to provide an emergency medical kit combining

the administration of the compounds taught therein with breathable oxygen for use as soon as symptoms occur, as set in amended claims 9 - 12; or to provide an emergency medical kit with breathable oxygen and a supply of the compounds taught therein as part of a predetermined treatment for prolonging the patients' life and reducing a risk of permanent tissue damage to the patient in the event that the patient has a serious unexpected attack of a vascular disease, as set out in amended claim 21.

In short, none of the teachings of Isaacs et al., Spada et al. and Duhaylongsod suggest or suggest the desirability of an emergency medical kit combining oxygen and one or more other medications for treating vascular or cardiovascular diseases as set out in Applicants claims as amended herein. Moreover, Applicants have already admitted that the compounds taught by the cited references were known and used to treat vascular and cardiovascular diseases such as heart attack and stroke. See Applicants specification on page 12, line 1. Accordingly, it is respectfully submitted that Isaac et al., Spada et al. and Duhaylongsod are cumulative to the publication entitled GENERAL PHARMACOLOGICAL TREATMENT OF ACUTE MYOCARDIAL INFARCTION already cited by Applicant.

Applicant submits that the claims as amended herein set out a combination of features that is not taught or suggested by any of the prior art of record. The invention claimed herein addresses the need for a simple low cost portable emergency medical kit that could save the life or reduce permanent tissue damage of a victim of a serious attack of a vascular disease such as a heart attack, stroke or other life threatening condition caused by vascular disease or trauma in a person that has a known susceptibility to such an attack. An emergency medical kit including breathable oxygen and a medication or combination of medications for administering treatment and especially for self administering treatment for a serious attack of a vascular disease during the period between the onset of symptoms and the arrival of a trained medical professional can save

a persons life, yet is nowhere suggested in the cited prior art nor is there a suggestion that such a medical kit would be desirable.

The Examiner cites Anderson et al. as anticipating and rendering obvious certain of Applicants claims however, Anderson has a completely different function, namely to medicate the airways of a victim of a respiratory disease. The Examiner is reminded that; “If the proposed modification or combination of the prior art would change the principle of operation of the prior art invention being modified, then the teachings of the references are not sufficient to render the claims *prima facie* obvious.” *In re Ratti*, 270 F.2d 810, 123 USPQ 349 (CCPA 1959)

Applicant respectfully submits that the invention set out in Applicant’s claims as amended herein has a completely different principal of operation than the principal of operation taught by Anderson. Specifically, Anderson teaches treating a respiratory disease and Applicants claims set out equipment and methods fro treating an attack of a vascular disease. Moreover, Anderson teaches delivery of medication to and treatment of the airways while Applicants claims set out treatment for an attack of a vascular disease using oxygen in combination with one or more medications for assisting in enhancing the short term survivability of the victim and furthermore wherein the victim has a known susceptibility to the attack. Such features are not taught or suggested in any of the prior art of record.

New claim 25 is added herein and sets out elements and limitations, which, for the same reasons as are stated above, are not taught or suggested by any of the prior art of record. New claims 26 - 27 depend from claim 13 and for the reasons stated above with respect to claim 13 further distinguish over the prior art of record. New claims 28 and 29 included limitations separated from amended claim 9 and new claim 30 depends from amended claim 9 and for the reasons stated above with respect to claim 9 distinguish over the prior art of record. New claims 31 - 34 depend from amended claim 7 and for the

reasons stated above with respect to claim 7 further distinguish over the prior art of record.

Accordingly, Applicant hereby submits that each of the pending claims is in condition for allowance because the elements and limitations set forth in the claims are not anticipated or suggested by any of the prior art of record whether the prior art of record is taken alone, in combination or in combination with the knowledge of one having ordinary skill in the art at the time the invention was made.

If the Examiner feels that any further discussion of the invention would be helpful, perhaps in the form of an Examiner's Amendment, applicant's representative is available at (781) 454-5791 and earnestly solicits such discussion.

Respectively submitted,

Applicants



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5 4,197,842 and 4,438,764. However, these references appear to^{be} directed only to use by a trained medical professional and none of these references includes the use or storage of any medications to be administered to or self-administered by a person displaying symptoms of a serious illness such as a heart attack or a stroke.

10 Brief summary of the invention

The present invention overcomes the problems cited in the prior^{art} by providing a ~~an~~ patient usable emergency medical kit that includes a breathable oxygen supply and a medication that may benefit a person displaying symptoms of one^{or} of, a heart attack, a stroke or another
15 medical condition that may cause, infarction of otherwise reduce oxygenation in the victim. The patient usable emergency medical kit is compact and lightweight for easy portability. Moreover, the medical kit requires no power supplies or electronics to provide a potentially life saving treatment. The kit is self-explaining and usually does not require special training to operate or administer the required treatment to a victim of a serious illness and if the
20 victim is able, the treatment provided may be self-administered. The emergency medical kit of the present invention is particularly beneficial for a person that may be prone to or at risk of suffering from a particular medical condition that may result in infarction from an ischemic event or may suffer any risk from otherwise reduced oxygenation. A physician will prescribe the emergency medical kit to a patient that is prone to or at risk of suffering a
25 particular serious illness. The treatment provided by the contents of the kit should at least include the administration of breathable oxygen. The treatment may also include the administration of a medication for assisting in saving the life of or reducing permanent tissue damage in the victim.

5 According to the present invention, a person that has had a previous heart attack, has
arterial or venous disease or is at high risk of either would carry a medical kit that includes
breathable oxygen and a medication that may reduce the tendency for blood clotting, reduce
the need for oxygen, slow the heart rate, maintain cardiac rhythm relax the arteries and veins
or protect the brain from secondary injury caused by stroke. The medication type and dosage
10 will be predetermined by a physician in advance and packed in the kit of the present
invention. The kit could be provided for everyday availability or to a person or could be
provided to ^a person temporarily if the person will be far from medical attention, e.g. in a
remote area or on a sailing vessel. The selection of the medication will be determinable by
the personal physician of the person. Thus according to the present invention, the emergency
15 kit may include anyone of the above listed agents that affect thrombus or blood clot
formation including acetylsalicyclic acid, aspirin-dipyridamole, clopidogrel, heparins and
glycoprotein IIb/IIIa inhibitors. The kit might also include various so-called
cardioprotective agents such as beta-adrenergic antagonists (Beta Blockers), antiarrhythmics
such as magnesium, angiotensin converting enzyme (ACE) inhibitors and other agents
20 affective in treating cardiac trauma. In particular, the present invention may comprise
breathable oxygen in combination with any medications which may be provided either
individually or in combination as prescribed or otherwise recommended by a physician or
health professional to prevent death, reduce permanent damage or alleviate pain in the event
of a heart attack, stroke, arterial trauma or any other attack of an illness that may be alleviated
25 by breathable oxygen and medication in combination. In addition, the patient to whom the
medical kit is provided should be informed of what symptoms or indications to look for and
be instructed in the use of both the oxygen and the medication in the case of an emergency.
The kit is portable so that it may be carried by the patient when traveling or readily available